



MOUNTAIN VIEW POLICE DEPARTMENT
"VOLUNTEERS IN PARTNERSHIP"

VOLUNTEER/INTERN APPLICATION

CITY OF MOUNTAIN VIEW VOLUNTEER PROGRAM

1000 VILLA STREET • MOUNTAIN VIEW, CALIFORNIA 94041-1294
(650) 903-6707

Name _____ Date _____
Last First Middle

Address _____ City _____ Zip Code _____

Home Phone (_____) _____ Work Phone (_____) _____

Month and Day of Birth _____ Driver's License # _____

Circle the highest grade of school you have completed: 1 2 3 4 5 6 7 8 9 10 11 12 or More

High School Graduate: ☐ Yes ☐ No If no, passed High School Equivalency Test: ☐ Yes ☐ No

Name and Location of College or University _____

Semester Units _____ Quarter Units _____ Degree _____

Special Training/Licenses, Professional Registration and Skills _____

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

List all convictions (including date and name and location of court where convicted) after your 18th birthday (a "yes" answer is not an automatic bar to placement, but an untrue statement will disqualify you. If yes, please explain fully. (Attach a separate sheet if necessary.) _____

WORK EXPERIENCE

Are you presently employed? (Check as many as apply.)

☐ Employed full-time

☐ Employed part-time

☐ Temporarily unemployed

☐ Full-time student

☐ Part-time student

☐ Retired

☐ Looking for work

☐ Homemaker

Name of current employment company or school _____

Address _____ City _____ Zip Code _____

Job Title or School Year _____

VOLUNTEER EXPERIENCE
Present or Previous Volunteer Jobs

Date	Organization	Responsibilities

SKILLS OR AREAS OF INTEREST

Check the appropriate skills or areas of interest you have.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Languages
– Read _____
– Speak _____
– Write _____ | <input type="checkbox"/> Mass Mailings
<input type="checkbox"/> Photocopying
<input type="checkbox"/> Receptionist
<input type="checkbox"/> Survey-taking
<input type="checkbox"/> Bookkeeping
<input type="checkbox"/> Photography
<input type="checkbox"/> Painting
<input type="checkbox"/> Graphic Design
<input type="checkbox"/> Research
<input type="checkbox"/> Crime Prevention | <input type="checkbox"/> Typing
<input type="checkbox"/> Telephoning
<input type="checkbox"/> Filing
<input type="checkbox"/> Marketing
<input type="checkbox"/> Crafts
<input type="checkbox"/> Sewing
<input type="checkbox"/> Data Entry
<input type="checkbox"/> Fine Arts
<input type="checkbox"/> Special Events
<input type="checkbox"/> Lecturer on _____
<input type="checkbox"/> Technical Consultation on _____ | <input type="checkbox"/> Emergency Preparedness
<input type="checkbox"/> Volunteer Program Events
<input type="checkbox"/> Public Relations/Publicity
<input type="checkbox"/> Teacher/Trainer
<input type="checkbox"/> Writer (Newsletter, Manuals, Articles)
<input type="checkbox"/> Sports/Recreational Activities
<input type="checkbox"/> Computer Systems Applications
<input type="checkbox"/> Senior Citizen Activities
<input type="checkbox"/> Video/TV Programming |
| <input type="checkbox"/> Recruiting | <input type="checkbox"/> Health/Nutrition-Related Projects | | |
| <input type="checkbox"/> Gardening | | | |
| <input type="checkbox"/> Carpentry | | | |
| <input type="checkbox"/> Calligraphy | | | |
| <input type="checkbox"/> Cooking | | | |
| <input type="checkbox"/> Computer Trainer | | | |
| <input type="checkbox"/> Other (please be specific) _____ | | | |

POLICE DEPARTMENT PROGRAMS

Check the appropriate area in which you want to volunteer

- | | | |
|---|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Community Action and Information | <input type="checkbox"/> Investigations |
| <input type="checkbox"/> Crime Analysis | <input type="checkbox"/> Management and Data Services | <input type="checkbox"/> Chaplain |
| <input type="checkbox"/> Field Operations | <input type="checkbox"/> Personnel and Training | |
| <input type="checkbox"/> Records | <input type="checkbox"/> Traffic | |

Would you be willing to be "on-call" for special assignments? ☐ Yes ☐ No

Do you have transportation to and from your volunteer assignment? ☐ Yes ☐ No

How did you hear about the Volunteer Program? _____

EMERGENCY CONTACT: Name _____ Relationship _____

Address _____ City _____ Zip Code _____

Home Phone (_____) _____ Work Phone (_____) _____

I hereby certify that all statements made in this application are true, and I authorize investigation of all matters contained in the application. I acknowledge that any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I am aware that fingerprinting may be required before placement in some positions. I understand it is the policy of the City of Mountain View to preserve the right to equal opportunity for all persons, including those with physical, mental or sensory disabilities.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian if volunteer is a minor _____

Interviewed by _____ Date _____

Department referred to _____ Staff _____